

## PATENT

ATTORNEY DOCKET NO. 50304/050001

## COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled **PLACENTAL GROWTH FACTOR AS A TARGET FOR THE TREATMENT OF OSTEOPOROSIS**, the specification of which is attached is that of PCT International Application No. PCT/EP2003/050274, filed on June 27, 2003.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with 37 C.F.R. § 1.56.

**FOREIGN PRIORITY RIGHTS:** I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or (f), or § 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or § 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below, and have also identified below any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Country	Serial Number	Filing Date	Priority Claimed?
EP	02077591.2	June 28, 2002	Yes

**PROVISIONAL PRIORITY RIGHTS:** I hereby claim priority benefits under 35 U.S.C. § 119(e) of any United States provisional patent application(s) listed below filed by an inventor or inventors on the same subject matter as the present application and having a filing date before that of the application(s) of which priority is claimed:

Serial Number	Filing Date	Status

**NON-PROVISIONAL PRIORITY RIGHTS:** I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in 37 C.F.R. § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Serial Number	Filing Date	Status

I hereby appoint the attorneys and/or agents associated with customer number 21559 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all correspondence relating to this application to the address associated with customer number 21559.

Address all telephone calls to: James D. DeCamp at 617-428-0200.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001; and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
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Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Désiré COLLEN	Winksele, Belgium	Schoonzichlaan 20 B-3020 Winksele Belgium	Belgium
Signature: <i>D. Collen</i>			Date: <i>10/11/05</i>

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Roger BOUILLON	Winksele, Belgium	Schoonzichlaan 22 B-3020 Winksele Belgium	Belgium
Signature:			Date:

Full Name (First Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Germidis CARMELIET	Blanden, Belgium	Vinkenboestraat 44 B-3052 Blanden Belgium	Belgium
Signature:			Date:

**PATENT**  
**ATTORNEY DOCKET NO. 50304/058001**

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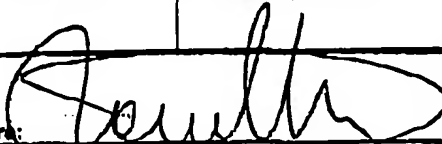
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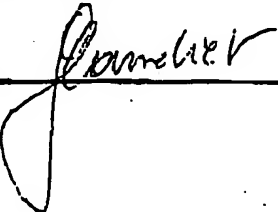
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001, and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Peter CARMELIET	Blanden, Belgium	Sappellenbos 10 B-3052 Blanden Belgium	Belgium
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Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Désiré COLLEN	Winksele, Belgium	Schoonzichtlaan 20 B-3020 Winksele Belgium	Belgium
Signature:			Date:

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
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Signature: 			March 30 <sup>th</sup> 2005 Date:



Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
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Signature: 			Date: 22.03.2005